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Correspondence

Letters should not exceed 400 words and should be typed double spaced (including the references) and be signed by all authors

TO THE EDITOR, *Genitourinary Medicine*

AIDS prevention: free condoms from an STD clinic in Copenhagen

Sir,

The use of condoms appears to be the most successful method of reducing the spread of human immunodeficiency virus (HIV) infection.[1 2] Several investigations have shown that the distribution of free condoms has been well received by the public in general.[3 4]

To stimulate the use of condoms and to provide information regarding prophylaxis against HIV infection the Municipality of Copenhagen has provided free condoms since 1987 to special target groups. Patients attending sexually transmitted disease (STD) clinics were considered to be such a group.

To obtain further information for future planning and adjustment of the campaign, we asked all outpatients with new symptoms of STD or requiring a check up who attended the STD department of the Rigshospital in Copenhagen during a period of 14 days in April of 1988 to complete a questionnaire. Participation was voluntary, and anonymity was ensured.

During the study period 62 patients attended the clinic. A total of 51 questionnaires were given out, and 47 were returned completed. The ratio of men to women was 1 : 0·5 and the mean age was 29 (range 20 to 51) years. The study population contained no intravenous drug users; two of the 31 men were homosexual or bisexual, and 40 patients stated that they had previously been tested for antibody to HIV and had had negative results.

The 47 patients included in the investigation were subdivided into two groups, those who had used condoms within the previous year (33) and those who had not (14). Those who had used condoms had each had four sexual partners a year; the corresponding figure for non-condom users was 3·1, a significant difference ($p < 0·05$). No less than 25 of those who used condoms reported that they had experienced a condom tearing or slipping off. Of the 14 who did not use condoms, eight stated that they did not use one because they had a stable partnership, and four said that it reduced their sexual desire or pleasure. None found that condoms were fun or sensual.

Of all those questioned, 29 thought that the fear of contracting HIV infection had already changed their sexual habits. Six also thought that the campaign to supply free condoms would result in their changing their sexual behaviour to take greater precautions against catching HIV. The free distribution of condoms was considered by 39 to be important. To lessen the risk of HIV infection, 34 thought that condoms should be used, 14 that the number of partners should be reduced, and five considered a steady partnership desirable.

Study of the case records of all 62 patients showed that 28 had attended the department for a check up and 34 because they had symptoms of STD. Examination showed that none had syphilis, four gonorrhoea, 11 chlamydial infection, and 11 other acute STDs such as herpes genitalis or condyloma. An HIV test was carried out for 46 patients, none of whom had positive results.

We concluded that the patients comprising the study population were predominantly heterosexual and did not include any intravenous drug users. The sexual behaviour of patients attending STD clinics, however, places them at greater risk of infection with HIV.[5] Our patients were well informed about HIV prevention, and many stated that they had already changed their sexual behaviour to avoid being exposed to HIV infection. A relatively large number, however, did not use condoms and, though many of them stated as their reason that they had a stable sexual relationship, more than half reported having had more than one sexual partner during the previous year.

The relatively large number of patients reporting having experienced condoms tearing indicates the need for more instruction in the use of condoms. The sexual behaviour of the group as a whole suggests that they were at a high risk of acquiring HIV infection. This can be seen clearly from the fact that 26 of the patients suffered from acute STD.

Thus there appears to be a pressing need for additional information regarding the risk of catching HIV and a definite need for a change in attitude in patients attending STD clinics. It is therefore gratifying to see that such patients have positive attitudes towards the campaign for the distribution of free condoms, and several stated that the campaign would positively influence their sexual behaviour. Despite this, there is an urgent need for further research, especially into factors likely to bring about a change in sexual habits.

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Yours faithfully,

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TO THE EDITOR, *Genitourinary Medicine*

Relevance of computed tomography to diagnose *Pneumocystis carinii* pneumonia

Sir,

The value of computed tomography (CT) for investigating neurological symptoms and detecting lymphomas in managing human immunodeficiency virus HIV infected patients is well known. In the case reported here, however, early CT of the thorax was useful in directing further clinical investigations in a patient with minimal symptoms

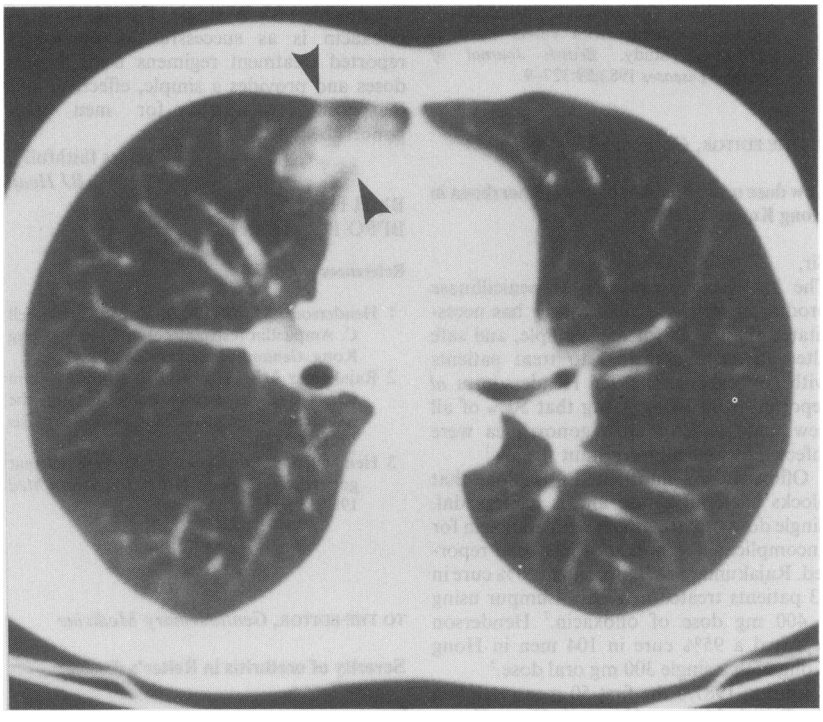

Fig *Computed tomography showing infiltration (arrowed) in right lung mid zone.*

who had *Pneumonocystis carinii* pneumonia (PCP).

The patient, a homosexual man aged 29, had been found to have antibody to HIV one year before, and was subsequently treated with zidovudine. The manifestation of infections, opportunistic or otherwise, is often more subtle in patients already taking zidovudine. When he noticed a loss of appetite and weight loss of seven pounds, he was found to have a temperature of 38°C and an erythrocyte sedimentation rate of 122 mm in the first hour. During investigation for occult lymphoma he underwent CT of the head, thorax, abdomen, and pelvis. Although chest radiography was normal, CT showed a patch of infiltration in the right lung mid zone (fig), which suggested PCP. In this case it was not possible to estimate lung transfer factor and, although saline induced sputum on six occasions and bronchoalveolar lavage samples yielded no pathogens, bronchoscopically directed biopsy specimens showed PCP on Grocott and periodic acid-Schiff stains. His response to treatment with co-trimaxazole, followed by inhaled nebulised pentamidine, was dramatic—with return of appetite, weight gain, and reduction in temperature and erythrocyte sedimentation rate.

The CT findings directed early investigations to the chest and encouraged early bronchoscopy, even in the absence of pronounced respiratory symptoms and the presence of normal blood oxygen concentrations. Thus CT of the thorax is worth considering when chest radiography is normal but PCP is clinically possible.

Yours faithfully,
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TO THE EDITOR, *Genitourinary Medicine*

Risk factors in the development of cervical intraepithelial neoplasia in women with vulval warts

Sir,

Argument for the provision of colposcopic assessment and follow up of women with vulval warts is strongly supported by the experience of this department, which for two years has offered the screening colposcopy facilities proposed by Walkinshaw *et al.*[1] The routine provision of colposcopic examination in genitourinary medicine (GUM) departments also permits an approach to cervical disease that may be based on risk factors or known exposure to human papillomavirus (HPV) infection, rather than relying on the presence of vulval warts or on the results of cervical cytology (which are misleading in up to one third of all cases). The importance of identifying other sexually transmissible diseases (STD) in women with genital HPV infection was described by Kinghorn.[2] In the GUM clinics three broad groups of cervical disease can be commonly identified by colposcopy: HPV disease of the cervix, HPV disease of the cervix and other concomitant STD, and HPV or cervical intraepithelial neoplasia (CIN), or both, with or without other concomitant STD. The early detection of these diseases is facilitated by tracing sexual contacts of known infected male index cases and by offering yearly screening to women at risk via a recall register. This approach often permits identification of an abnormal transformation zone before cytologists can detect abnormality. If more aggressive disease is identified, earlier referral to a gynaecologist is facilitated.

Table *Abnormal transformation zones in 329 patients attending a department of genitourinary medicine who had no cytological evidence of cervical intraepithelial neoplasia (CIN) or dysplasia*

Results	*No (%) with given result*	
Endocervical polyps	2	(0·6)
Cervicitis	20	(6·1)
Viral change since last Papanicolaon smear:	223	(67·8)
Previously negative	71	(31·8)
Previously positive	62	(27·8)
No previous result available	90	(40·4)
CIN I-III	19	(5·8)
Normal	65	(19·8)

The table shows the results of a retrospective study of 329 consecutive patients undergoing colposcopically directed biopsy who had no cytological evidence of CIN (dysplasia). (Indications for colposcopy included the presence of vulval warts, a sexual partner with genital warts, cytology results reporting viral change, or a history of herpes genitalis. Indications for biopsy were acetowhite change (not affecting the endocervical canal) with or without areas of punctation or mosaic. Patients with acetowhite areas in the